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UNITED NATIONS POPULATION FUND PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Eritrea

Proposed UNFPA assistance:	$6 8 million, $4 8 million from regular resources and $2.0 million from multi-bilateral and/or other, including regular, resources
Programme period:	4 years (1997-2000)
Cycle of assistance:	First
Category per decision 96/15:	A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	2.8	1.0	3 8
Population & development strategies	2.0	1.0	3.0
Total	4.8	2.0	6.8

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ERITREA

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	14	≥60
Contraceptive prevalence rate (15-44) (%)[2]	4	≥55
Access to basic health services (%)[3]	46	≥60
Infant mortality rate (/1000)[4]	119	≤50
Maternal mortality rate (/100,000)[5]	560	≤100
Gross female enrolment rate at primary level (%)[6]	17.9	≥75
Adult female literacy rate(%)[7]	6.70	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993*

[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*

[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*

[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992*

[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*

[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*

[7] *UNESCO, Education for All - Status and Trends, 1994*

Demographic Facts

Population (000) in 1995	3,531	Annual population growth rate (%)	2.6
Population in year 2000 (000)	4,025	Urban	4.7
Sex ratio (/100 females)	98.5	Rural	2.2
Per cent urban	17.2	Crude birth rate (/1000)	39.9
Age distribution (%)		Crude death rate (/1000)	13.4
Ages 0-14	44.0	Net migration rate (/1000)	-0.3
Youth (15-24)	19.0	Total fertility rate (woman)	5.34
Ages 60+	4.8	Life expectancy at birth (years)	
Percentage of women aged 15-49	45.8	Males	51.4
Median age (years)	17.9	Females	54.6
Population density (/sq. km.)	30	Both sexes	52.9
		GNP per capita (U.S. dollars, 1994)	100

Sources. Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1994 Revision; Annual population growth, including urban and rural data, are from DESIPA, World Urbanization Prospects: the 1994 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1997-2000 to assist the Government of Eritrea in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $6.8 million, of which $4.8 million would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $2.0 million from multi-bilateral resources and/or other resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. The proposed four-year programme would be UNFPA's first cycle of assistance to Eritrea.

2. The proposed programme takes into account the harmonized programme cycles and relevant programme documents of members of the Joint Consultative Group on Policy (UNDP and UNICEF) and the World Health Organization (WHO) as well as those of other international and bilateral development partners. It also acknowledges the contributions of non-governmental organizations (NGOs) as well as bilateral and multilateral organizations in the fields of population, reproductive health, gender and development. The programme was prepared in collaboration with national authorities following a programme review and strategy development (PRSD) process that culminated in a mission to Eritrea in October 1996. It supports the Government's overall goals in population and development as reflected in numerous policy documents, including the Macroeconomic Policy (1994), the National Health Policy (1993), the Primary Health Care Policy Guidelines (1996) and the National AIDS Control Strategy (1995). The programme also reflects the lessons learned from prior UNFPA activities in the country.

3. One of the programme's immediate aims would be to assist with the completion of the first-ever national census and the creation of a national population statistics system. The Government has identified the census as a top priority, given the nation's urgent need for baseline information for development planning purposes. The programme would also aim to help the Government achieve the following national objectives: reducing, by the year 2000, maternal mortality to 400 deaths per 100,000 births; reducing child mortality to 100 deaths per 1,000 live births; and reducing unsafe and unwanted pregnancies by doubling access to reproductive health, including family planning ans sexual health, information and services and by increasing the contraceptive prevalence rate from the current 4 per cent for modern methods to 15 per cent. The programme would also support the Government's efforts to improve the overall reproductive health status of Eritreans, especially that of youth and adolescents, in part by reducing the transmission of sexually transmitted diseases (STDs), including HIV/AIDS. Finally, the programme would support the Government's goal of promoting gender equity and equality and the empowerment of Eritrean women and girls.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, will be carried out in accordance with the principles, objectives and provisions of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. Eritrea, a Group "A" country under UNFPA's new approach for resource allocation, is one of the world's poorest nations, having endured nearly three decades of war before gaining its Independence in the early 1990s. It has an estimated per capita income of only about $100 a year, and approximately 80 per cent of its adult population is illiterate. The health status of Eritreans is characterized by high morbidity and mortality, with especially high maternal mortality. Factors responsible for the high maternal mortality rate include the unavailability of emergency obstetric care, a lack of awareness of danger signs, the low proportion of attended deliveries (only 14 per cent of women have any trained delivery assistance), and the low quality and coverage of basic health services (only 46 per cent of the country's 2,365 villages have "reasonable" access to health facilities). Moreover, there is poor vaccination coverage (only one-third of women have received tetanus toxoid immunization) and an increasing prevalence of STDs, including HIV/AIDS. Virtually no demographic data collection or analysis occurred during the war; current estimates of the total population range from 2.5 to 4 million.

6. Despite the prominent role that women played in the nation's liberation struggle, the status of most women remains low. Traditional society, both rural and urban, Christian and Muslim, is strongly patriarchal. Gender roles are strictly defined, and female genital mutilation is nearly universal. The Government has, however, taken steps to promote equality in such areas as education, political participation, land inheritance and ownership, divorce rights and reproductive rights. Its efforts are having some effect: the enrolment rate of girls in school has improved dramatically since Independence, for example, and recent reports indicate that it is now approaching that of boys at the primary level. The draft Constitution, which is to be presented to a January 1997 constituent assembly, is specific in its promulgation of women's rights.

Previous UNFPA assistance

7. To date, UNFPA assistance to Eritrea has been essentially ad hoc, responding to governmental and NGO needs as they have evolved. Since 1993, UNFPA has provided assistance for: mother and child health/family planning (MCH/FP), family life education in the organized sector, analysis of voters' registration data, adolescent reproductive health, reproductive health outreach in the women's union and, most recently, cartographic preparations for the upcoming census. It is estimated that by the end of 1996, total UNFPA expenditures in the country will have reached $2.2 million. UNFPA assistance has contributed to a rapid increase in awareness among officials and the general public about reproductive health issues, helping to build strong support for reproductive health policies and programme planning within the Ministry of Health, the Women's Union and the country's youth association.

8. One of the major lessons learned from UNFPA's activities in Eritrea is that in countries where there are acute shortages of institutional capacity and skilled human resources, there is a need to provide project management support under project budgets, rather than depending entirely on the scarce human resources in Government ministries for day-to-day execution. In Eritrea, such shortages in the Ministry of Health and the National Statistics Office hampered project implementation in instances where no such budgetary support had been provided.

9. Another lesson learned is that efforts to increase public awareness of reproductive health issues should be accompanied by parallel efforts aimed at meeting any resulting increases in the demand for services. In Eritrea, information, education and communication (IEC) activities helped activate a latent demand for reproductive health services that outstripped the health sector's ability to provide them. To meet this demand, there was a need for additional basic equipment, a consistent source of contraceptives and supplies, and in-service training of health workers to upgrade their skills and knowledge.

10. The experience of the past three years also highlighted the benefits of multisectoral coordination of activities. In Eritrea, such coordination was time-consuming, partly due to the newness of government structures. But the time was well spent, because the result was a synergistic effect that greatly improved project outcomes. There is a need to build upon the relationships already established between the counterpart ministries involved in IEC efforts and to support even greater cooperation among them, and to improve the coordination of training and services among Ministry of Health and NGO service providers.

11. A final lesson relates to the importance of helping countries gain the information they need to address their population and development concerns. The war caused Eritreans to be isolated from the rest of the world for many years, which meant that the country's officials had not been exposed to updated knowledge in the reproductive health field or in techniques for demographic data collection and analysis. UNFPA assistance helped send a number of officials on observational trips abroad, enabling them to learn from the experiences of other countries. In addition, UNFPA's support for basic research on demographic and reproductive health-related topics proved invaluable in terms of contributing to the country's information base and for informing new policies and programmes.

Other external assistance

12. There are relatively few development partners in the population sector in Eritrea. The United States Agency for International Development (USAID), the Norwegian Agency for International Development (NORAD) and the Canadian International Development Agency (CIDA) have provided support for specific statistical and survey activities. CIDA is co-funding the census preparatory activities with UNFPA and has committed to multi-bilateral support and technical assistance for the

upcoming census. The PRSD estimated that there has been less than $3 million in total foreign assistance for the area of population and development strategies to date.

13. Although the health sector is supported by many partners -- including Italy, the European Union (EU), Israel, the German Gesellschaft für Technische Zusammenarbeit (GTZ), USAID, the Netherlands and Save the Children (United Kingdom) -- few donors have shown a specific interest in reproductive health. UNFPA has worked closely with UNICEF and WHO to coordinate activities, and the three have jointly sponsored a number of studies and a Safe Motherhood workshop. Thus far, UNICEF has primarily provided support for an expanded programme of immunization (EPI) and for primary health care services. WHO has provided support for health training and the development of a national AIDS control programme. USAID provides support for recently developed project activities in reproductive health and family planning training, service delivery and IEC in three provinces. UNFPA has worked closely with USAID in the design of project activities, particularly in the area of adolescent health, and the two co-sponsored a contraceptive logistics assessment. The International Planned Parenthood Federation (IPPF) provides support for the Planned Parenthood Association of Eritrea (PPAE), one of UNFPA's partners in reproductive health. The total amount of support for reproductive health from 1993 until 1999 is unlikely to exceed $10 million, including UNFPA's contributions.

Proposed programme

14. The proposed programme is based on an assessment of UNFPA's comparative advantages and the current support for population and development strategies and reproductive health by other partners. Specifically, the selection of two focus provinces for targeted reproductive health service delivery support has been based on consideration of other partner inputs into reproductive health and other health activities in the remaining provinces. The support for the census and statistical development is based on the strategic importance of these activities for all aspects of development, the limited assistance provided by others to this sector and UNFPA's long-term expertise and strengths in this area.

15. Reproductive health. The proposed programme would address a number of pressing concerns in the area of reproductive health, including: maternal morbidity resulting from poor access to essential obstetric care, the prevalence of high-risk pregnancies and lack of individual and community-level knowledge of pregnancy-related danger signs; the low utilization of family planning services due to poor access and quality of care; and the increasing rates of STDs, including HIV/AIDS, due primarily to weak IEC preventive efforts. Giving women the tools and services they need to take charge of their reproductive health is one way the Government aims to enhance their status.

16. Although some support will be provided for capacity-building at the national level, most of the technical and material support will be provided for interventions in two regions, namely the

Northern Red Sea and the Southern Red Sea, which are particularly disadvantaged in terms of reproductive health status and service delivery. They have the highest levels of maternal mortality (over 1,200 deaths per 100,000 births), the lowest EPI coverage rates (12 per cent for tetanus toxoid), the highest urban incidence of STDs and AIDS, and very limited access to reproductive health IEC materials, particularly in local languages.

17. The specific objectives of UNFPA's programme will be: to ensure access to appropriate levels of reproductive health information, counselling and services in all 38 health facilities in the two focus regions; to increase availability of community-based services throughout the two targeted regions; to improve the access of adolescents to appropriate reproductive health information, counselling and services through support for four National Union of Eritrean Youth and Students health centres and the provision of adolescent-friendly services in all hospitals and health centres in the two regions; and to increase knowledge about and improve attitudes toward reproductive health, family planning and Safe Motherhood among women, men and youth at the national and focus region levels.

18. The programme's strategies would include: providing support for in-service training in essential obstetric care, family planning and STD management for nurses, midwives, health assistants, community health workers and traditional birth attendants in the two target regions; the provision of basic equipment and supplies, including transport for all health centres and for selected health stations; and support for a coordinated set of reproductive health IEC activities, including multisectoral efforts across ministries and NGOs. Assistance will be continued for reproductive health training in the national training institutes and for capacity building in IEC across ministries, including message development, audience targeting and materials production. Support for the model youth reproductive health centre in Asmara would be continued, and a project review will help determine how this programme can best be extended to the focus provinces. Provision of a proportion of national contraceptive needs will continue, and an initial procurement of condoms would be earmarked for the newly established social marketing programme, which is to be initiated in the two focus regions and the capital. The programme would also support the development of a contraceptive logistics management system at the Ministry of Health. UNFPA would provide support for mass media campaigns for the Safe Motherhood Initiative and the National AIDS Control Programme and would assist in developing reproductive health-related IEC materials in local languages.

19. The programme would support data collection efforts in the area of reproductive health. It would, for example, assist with the staging of a baseline survey of health services in the two focus regions in order to establish a project evaluation mechanism. It would also assist with a knowledge, attitudes and practices (KAP) survey of users of maternal and child health services with the aim of obtaining information needed to improve the quality of care and to provide guidelines for refresher training of health staff. Support will also be provided for studies of traditional practices -- including female genital mutilation -- and beliefs that affect the health and status of women. These studies, to

be carried out among the three major ethnic groups in the two focus regions, will guide the development of culturally appropriate IEC support activities. A KAP study conducted in the national service camps and targeted focus group studies on youth reproductive health issues would continue the Fund's efforts to improve adolescent reproductive health.

20. Population and development strategies. Because Eritrea lacks even basic demographic data, activities in the area of population and development strategies would focus on increasing the availability of such data and its systematic utilization in development planning. To this end, UNFPA will provide technical and material assistance for conducting the 1997 census and the dissemination and utilization of its results. The Fund will also provide support for the analysis of population and development interactions in health, education, housing, employment and environmental planning. To help Eritrea develop a national statistical system, the Fund will strengthen the National Statistics Office's technical and managerial capacities through training and the provision of basic equipment. Support will also be provided to the six newly established zonal statistical offices through short-term training and the provision of equipment and supplies. Limited support would be provided for demographic training and for short-term training in the use of demographic data for planning by selected ministries, such as Labour and Human Welfare, Education, Health and Local Government.

21. UNFPA will also support IEC efforts aimed at sensitizing the public and officials regarding the purposes and uses of the census. UNFPA has a comparative advantage in this undertaking because of its previous success in increasing Eritreans' awareness of population-related issues. UNFPA will, for example, assist in the development of informational materials on the census in local languages for media use. National and regional workshops on the use of demographic data will be held for planners and other officials. Because many officials are not fully aware of the links between population and development, RAPID-type models will be used to indicate specific interactions. UNFPA will continue to provide information on population and development for inclusion in curricula in the formal and non-formal educational sectors and for the organized employment sector.

Implementation, monitoring, evaluation and coordination

22. The Office of Macropolicy and International Economic Cooperation in the President's Office is responsible for overall coordination of externally-assisted programmes. For the coordination of census activities and other statistical system inputs, the National Statistics Office, in conjunction with the multisectoral Census Commission, will work closely with the Statistics Theme Group of the United Nations. In the area of reproductive health, the Ministry of Health will take the lead in coordinating activities and inputs through three existing multisectoral committees (which include donor representatives) -- the Safe Motherhood Committee, the Integrated IEC Committee and the National AIDS Control Technical Committee. In addition, UNAIDS will help coordinate United Nations inputs in the area of HIV/AIDS. In particular, closer collaboration and coordination will be sought with WHO, UNICEF and UNAIDS for implementation of the reproductive health programme

and with UNDP and UNICEF in statistical development. Outside of the United Nations system, collaboration will be strengthened with USAID in such areas as contraceptive logistics and procurement, and training of health personnel and with two international NGOs, Redd Barna of Norway and Rädda Barnen of Sweden, in support of adolescent health. Collaboration with CIDA will also be intensified under the multi-bilateral funding arrangement for support of the 1997 census.

23. The programme will emphasize national execution through a carefully prepared implementation plan. The Country Support Team based in Addis Ababa, Ethiopia, will provide assistance to the UNFPA country office in the area of project design and in providing necessary technical support. Monitoring and evaluation will be carried out in accordance with standard UNFPA guidelines, which include annual project progress reports leading to tripartite review meetings. Semi-annual country reports will be shared with headquarters and the Country Support Team, and technical backstopping plans will be provided to the Country Support Team and headquarters in accordance with established procedures. To enhance coordination, the staff of UNFPA-funded activities will participate in reviews of all UNFPA and related programme activities. UNFPA programme counterparts will meet on a monthly basis to review progress, work plans and budgets. A mid-term country programme review will be scheduled for 1998.

Recommendation

24. The Executive Director recommends that the Executive Board approve the programme of assistance for Eritrea as presented, in the amount of $6.8 million over the period 1997-2000, $4.8 million of which would be programmed from UNFPA's regular resources, to the extent such resources are available. The balance of $2.0 million would be sought from multi-bilateral and/or other resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.